

# AUTO CR - LOG SUMMARY #1071231

TYPE: INFO

## Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
<p>It is reported that officers observed the subject riding his bicycle on the sidewalk. When they approached him to conduct a field interview, they discovered that the subject was in possession of narcotics. While Officer Vasselli recovered the narcotics, the subject charged into Officer Vasselli and pushed him. The subject then tried to break free and run from the officers. Officers tried to gain control of the subject, who kicked and struggled with them. Officer Burns deployed his Taser at the subject in order to take the subject into custody.</p>	(None Entered)		

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	O MALLEY, MICHAEL G	402	[REDACTED]	004 /	SERGEANT OF POLICE	M	WHI		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
27-AUG-2014 09:50 - 27-AUG-2014 09:50	[REDACTED]	0423	004	303	SIDEWALK

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation

## Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Victim/Subject	[REDACTED]					M	BLK	[REDACTED]	
CPD Employee	Involved Member	BURNS, AARON C	4534	[REDACTED]	044 / 412	POLICE OFFICER	M	BLK		
CPD Employee	Witness	DOOLIN, WILLIAM M	1837	[REDACTED]	004 /	POLICE OFFICER	M	WHI		
CPD Employee	Witness	PRUSZEWSKI, DANIEL W	11030	[REDACTED]	004 /	POLICE OFFICER	M	WHI		
CPD Employee	Witness	VASSELLI, NICHOLAS P	2213	[REDACTED]	004 /	POLICE OFFICER	M	WHI		

## Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship

## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:		Civil Suit Settled Date:	
Civil Suit No.:		Notify Chief?	
Notify Chief Administator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		
Notification Comments:			

## Incident Category List

## Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

## Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days

## Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments

## Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding

## Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	30-SEP-2014 02:10	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	30-SEP-2014 02:10	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	29-AUG-2014 02:51	MARZULLO, DAVID	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	29-AUG-2014 10:31	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	29-AUG-2014 10:30	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	add report
PENDING SUPERVISOR REVIEW	29-AUG-2014 10:29	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	28-AUG-2014 08:09	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Needs Taser download.
PRELIMINARY	27-AUG-2014 11:53	CHIBE, JOHN	POLICE OFFICER	116 /	

## Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					CHIBE, JOHN	27-AUG-2014 11:53			
	DOCUMENTS - INTAKE INCIDENT		1		N	HAYES, SHANNON	29-AUG-2014 10:27	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	PO Vasselli	N	HAYES, SHANNON	29-AUG-2014 10:31	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		5	[REDACTED]	N	HAYES, SHANNON	28-AUG-2014 08:06	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Daniel Pruszewski	N	HAYES, SHANNON	28-AUG-2014 08:07	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Aaron Burns	N	HAYES, SHANNON	28-AUG-2014 08:08	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Nicholas Vasselli	N	HAYES, SHANNON	28-AUG-2014 08:07	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	[REDACTED] Narcotics - Poss: Crack; Battery - Agg Po Hands No/Min Injury	N	HAYES, SHANNON	28-AUG-2014 08:06	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO William Doolin	N	HAYES, SHANNON	28-AUG-2014 08:08	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Nicholas Vasselli	N	HAYES, SHANNON	28-AUG-2014 08:07	APPROVED		

## Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
	DOCUMENTS - INTAKE INCIDENT		1	PO Pruszewski	N	HAYES, SHANNON	29-AUG-2014 10:29	APPROVED		

## Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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## Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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## Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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## Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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## Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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# FACE SHEET (Notification Date: 27-AUG-2014) - LOG #1071231

TYPE: INFO

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	O MALLEY, MICHAEL G	402	[REDACTED]	004 /	SERGEANT OF POLICE	M	WHI		

## Incident Information

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27-AUG-2014 09:50 - 27-AUG-2014 09:50	[REDACTED]	0423	004	303	SIDEWALK

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation

## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

## Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

## Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	27-AUG-2014 23:53	CHIBE, JOHN	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	30-SEP-2014 02:10	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	30-SEP-2014 02:10	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PRELIMINARY	27-AUG-2014 11:53	CHIBE, JOHN	POLICE OFFICER	116 /	

## ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11.388(6/03)-C



## INCIDENT APPROVAL COMPLETE

IUCR: 2027 - Narcotics - Poss: Crack

0454 - Battery - Agg Po Hands No/Min Injury

Occurrence [REDACTED] Beat: 0423  
 Location: 303 - Sidewalk  
 Occurrence Date: 27 August 2014 21:49

Unit Assigned: 0461A  
 RO Arrival Date: 27 August 2014 21:49

# Offenders: 1

## NON-OFFENDER(S) VICTIM - Government

Name: STATE OF ILLINOIS  
 2255 E 103rd St Beat: 0434  
 Chicago, Illinois

CPD Officer: No

## VICTIM - Government

Name: CITY OF CHICAGO  
 2255 E 103rd St Beat: 0434  
 Chicago, Illinois

CPD Officer: No

## VICTIM - Individual

Police Officer

Name: PRUSZEWSKI #11030,  
 P.O.  
 Res: 2255 E 103rd St Beat: 0434  
 Chicago IL  
 312 - 747 - 8207

Sobriety: Sober

CPD Officer: Yes

## VICTIM - Individual

Police Officer

Name: DOOLIN #14047, P.O.  
 Res: 2255 E 103rd St Beat: 0434  
 Chicago IL  
 Sobriety: Sober  
 CPD Officer: Yes

## Other Communications and Availability

Business Phone : 312-747-8207

## VICTIM - Individual

Police Officer

Name: VASSELLI #4902, P.O.  
 Res: 2255 E 103rd St Beat: 0434  
 Chicago IL  
 Sobriety: Sober  
 CPD Officer: Yes

RD #: [REDACTED]

NON-OFFENDER(S)

## Other Communications and Availability

Business Phone : 312-747-8207

INJURY(S)

## Injury Info (VASSELLI #4902,P.O. - Victim )

Injured BY offender Extent: Minor

CPD First Aid Given? Yes

Hospital: [REDACTED]

Physician Name: [REDACTED]

Type Weapon Used

Blunt Trauma Hand/Feet/Teeth/Etc.

SUSPECT(S)

Suspect # 1		In Custody	
	Beat: 0423	Demographics	
[REDACTED]			
Male			
Black	DOB: [REDACTED]	5'07,	Age: 49 years
200 lbs ,	Birth Place: Illinois	Brown Eyes	Grey/Part Grey Hair
Afro Hair Style	Dark Complexion		
Injury Info			
Extent: Minor			
CFD First Aid Given Yes			
Responding Unit:	Ambulance 50		
Type	Weapon Used	Description	
Abrasions	Hand/Feet/Teeth/ Etc.		

RELATIONSHIP

PRUSZEWSKI #11030, P.O.	( Victim )	is a No Relationship of		( Offender )
DOOLIN #14047, P.O.	( Victim )	is a No Relationship of		( Offender )
VASSELLI #4902, P.O.	( Victim )	is a No Relationship of		( Offender )

## Chicago Police Department - Incident Report

NARCOTICS	Narcotics #1		Possessor/User: [REDACTED]	
	Type: Cocaine/Crack	[REDACTED]		Taken/Stolen? No
	Weight: .5 Grams	[REDACTED]		Recovered? Yes
	Inventory #: [REDACTED]	Quantity: 1	[REDACTED]	
Container Containing Packages: Clear Knotted Bag				

EVENT# [REDACTED] IN SUMMARY ABOVE ARRESTED AFTER AO'S OBSERVED THE ABOVE RIDING HIS BICYCLE ON THE SIDEWALK AT THE ABOVE LOCATION. AO'S ANNOUNCED THEIR OFFICE AT WHICH TIME THE ABOVE STOPPED HIS BICYCLE. AO'S THEN APPROACHED THE ABOVE TO CONDUCT A FIELD INTERVIEW AT WHICH TIME THE ABOVE PLACED HIS HAND INTO HIS POCKET AS HE APPROACHED P.O. VASSELLI. P.O. VASSELLI INSTRUCTED THE ABOVE TO REMOVE HIS HAND FROM HIS POCKET FOR OFFICER SAFETY AT WHICH TIME THE ABOVE REMOVED HIS HAND FROM HIS POCKET WITH A CLENCHED FIST. P.O. VASSELLI INSTRUCTED THE ABOVE TO OPEN HIS HAND AT WHICH TIME P.O. VASSELLI WAS ABLE TO RECOVER 1 CLEAR KNOTTED BAG CONTAINING A WHITE ROCKLIKE SUBSTANCE SUSPECT CRACK COCAINE FROM THE ABOVE'S HAND. INSTANTANEOUSLY AS SAID SUSPECT NARCOTICS WAS BEING RECOVERED BY P.O. VASSELLI THE ABOVE CHARGED INTO P.O. VASSELLI PUSHING HIM BACKWARDS. THE ABOVE THEN FURTHER PUSHED INTO P.O. VASSELLI BEFORE BREAKING FREE AT WHICH TIME P.O. DOOLIN IN AN ATTEMPT TO GAIN CONTROL OF THE ABOVE UTILIZED OPEN HAND STRIKES BEFORE PERFORMING AN EMERGENCY TAKE DOWN OF THE ABOVE. THE ABOVE CONTINUED TO KICK AND STRUGGLE TO DEFEAT ARREST WHILE IGNORING MULTIPLE VERBAL COMMANDS TO STOP RESISTING. THE ABOVE THEN PUSHED HIM SELF OFF OF THE GROUND WITH P.O. DOOLIN STILL ON HIS BACK AT WHICH TIME P.O. PRUSZEWSKI ATTEMPTED TO KICK THE ABOVE'S LEGS OUT FROM UNDER HIM AS P.O. VASSELLI UTILIZED KNEE STRIKES TO THE ABOVE'S UPPER BODY WHICH THEN CAUSED THE ABOVE TO FALL BACK TO THE GROUND. P.O. PRUSZEWSKI WAS THEN ABLE TO SECURE HAND CUFFS ON THE ABOVE IN THE FRONT OF HIS BODY AT WHICH TIME THE ABOVE AGAIN ATTEMPTED TO STAND UP TO DEFEAT ARREST AT WHICH TIME P.O. BURNS DEPLOYED HIS TAZER. THE ABOVE WAS THEN EFFICIENTLY PLACED INTO CUSTODY. THE ABOVE COMPLAINED OF PAIN TO HIS LEGS AT WHICH TIME AO'S REQUESTED AN AMBULANCE VIA OEMC. CFP AMBULANCE #50 ARRIVED ON SCENE BEFORE TRANSPORTING THE ABOVE TO [REDACTED] WHERE THE ABOVE WAS TREATED FOR SCRATCHES ON BOTH KNEES BY [REDACTED] P.O. VASSELLI WAS ALSO TAKEN TO SOUTH [REDACTED] BY BT. 461D WHERE HE WAS TREATED AND RELEASED FOR A CONTUSION TO HIS RIGHT KNEE BY [REDACTED] SUSPECT NARCOTICS INVENTORIED UNDER # [REDACTED] PRISONERS PERSONAL PROPERTY INVENTORIED UNDER # [REDACTED] PRISONERS BICYCLE INVENTORIED UNDER # [REDACTED] DEPLOYED TAZER CARTIRDGE INVENTORIED UNDER # [REDACTED] CHARGES - PSC, RIDING BICYCLE ON SIDEWALK, SIMPLE BATTERY, RESISTING ARREST (X3)COURT INFO - BRANCH 38-2 ON 18SEP14 AT 0900 HOURS

- STAR#: 14047 NAME: WILLIAM DOOLIN BEAT: 0461A
- STAR#: 11030 NAME: DANIEL PRUSZEWSKI BEAT: 0461A
- STAR#: 4902 NAME: NICHOLAS VASSELLI BEAT: 0461A
- STAR#: 4534 NAME: AARON BURNS BEAT: 4253A

PERSONNEL	Star No	Emp No	Name	User	Date	Unit	Beat
	Reporting Officer	11030	[REDACTED]	PRUSZEWSKI, Daniel, [REDACTED] W	28 Aug 2014 00:02	004	0461A

IUCR ASSOC'S	Victim	IUCR	Crime	Offender
	STATE OF ILLINOIS VASSELLI #4902	2027 0454	Narcotics - Poss: Crack Battery - Agg Po Hands No/Min Injury	[REDACTED]

## CHICAGO POLICE DEPARTMENT

## ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11. 420C (REV. 6/30)

## FINAL APPROVAL

CB #

IR #

YD #

RD #

EVENT #

## ARREST REPORTING

OFFENDER	Beat: 423	Male	[REDACTED]
		Black 5' 07" 200 lbs Brown Eyes Black Hair Short Hair Style Medium Complexion	
ARMED WITH Unarmed			
INCIDENT	Arrest Date: 27 August 2014 21:51	TRR Completed? Yes	Total No Arrested: 1
	Location: [REDACTED]	Beat: 423	Co-Arrests
	303 - Sidewalk		Assoc Cases
	Holding Facility: District 004 Lockup		DCFS Ward ? No
Resisted Arrest? Yes		Dependent Children? No	
CHARGES	Victim		
	1	Offense As Cited <b>720 ILCS 570.0/402-C</b> PCS - POSSESSION - POSS AMT CON SUB EXCEPT (A)(D) Class 4 - Type F	State Of Ill, Po Vasselli#4902
	2	Offense As Cited <b>720 ILCS 5.0/12-3-A-2</b> BATTERY - MAKE PHYSICAL CONTACT Class A - Type M	State Of Ill, Po Vasselli#4902
	3	Offense As Cited <b>720 ILCS 5.0/31-1-A</b> RESISTING/PC OFF/CORR EMP/FRFTR Class A - Type M	State Of Ill, Po Vasselli#4902
	4	Offense As Cited <b>720 ILCS 5.0/31-1-A</b> RESISTING/PC OFF/CORR EMP/FRFTR Class A - Type M	State Of Ill, Po Doolin#14047
	5	Offense As Cited <b>720 ILCS 5.0/31-1-A</b> RESISTING/PC OFF/CORR EMP/FRFTR Class A - Type M	State Of Ill, Po Pruszewski#11030
	6	Offense As Cited <b>9-52-020</b> RIDING BICYCLE ON SIDEWALK Class L -	City Of Chicago, Po Vasselli#4902
	7	Offense As Cited <b>725 ILCS 5.0/110-3</b> ISSUANCE OF WARRANT	[REDACTED]

## Chicago Police Department - ARREST Report

## ARREST REPORTING

RECOVERED NARCOTICS	Type	Approx. Weight/Quantity	Units	Estimated Street Value				
	Suspect Controlled Substance	.5	GRAMS	\$50.00				
WARRANT	Warrant No	Issue Date	Type	NCIC/ Leads No	Hold	Bond Amount	Case Docket No	County
	[REDACTED]	28-AUG-14	Parole/Mand Violation					
Remarks: ILLINOIS DEPARTMENT OF CORRECTIONS WARRANT								

  

VICTIM AND COMPLAINANT									
Name: STATE OF ILL, Po Vasselli#4902				Injured? No      Deceased? No					
				DOB:	Hospitalized? No				
				Age:	Treated and Released? No				
				Comments:					
VICTIM AND COMPLAINANT									
Name: STATE OF ILL, Po Doolin#14047				Injured? No      Deceased? No					
				DOB:	Hospitalized? No				
				Age:	Treated and Released? No				
				Comments:					
VICTIM AND COMPLAINANT									
Name: STATE OF ILL, Po Pruszewski#11030				Injured? No      Deceased? No					
				DOB:	Hospitalized? No				
				Age:	Treated and Released? No				
				Comments:					
VICTIM AND COMPLAINANT									
Name: CITY OF CHICAGO, Po Vasselli#4902				Injured? No      Deceased? No					
				DOB:	Hospitalized? No				
				Age:	Treated and Released? No				
				Comments:					

ARRESTEE  
VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

PROPERTIES

**Confiscated Properties :**

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED]

NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

INCIDENT NARRATIVE

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

EVENT# [REDACTED] NAME CHECK CLEAR/DENIES GANG/NO T.R.A.P,G.I.P OR I.A/ON PAROLE  
 IN SUMMARY, ABOVE SUBJECT PLACED INTO CUSTODY FOR ABOVE LISTED CHARGES. ABOVE SUBJECT WAS OBSERVED RIDING A BICYCLE ON THE PUBLIC WAY AT THE ADDRESS OF [REDACTED]. A/O'S EXITED THEIR EMERGENCY VEHICLE AND APPROACHED TO CONDUCT FIELD INTERVIEW. UPON APPROACHING, ABOVE SUBJECT PLACED HIS LEFT HAND INTO HIS FRONT LEFT SHORTS POCKET. ABOVE SUBJECT REMOVED HIS LEFT HAND FROM SAID POCKET WITH LEFT HAND CLINCHED MAKING A FIST. FOR OFFICER SAFETY, ABOVE SUBJECT WAS ORDERED TO OPEN HIS HAND. PO VASSELLI#4902 RECOVERED FROM LEFT HAND (1)CLEAR KNOTTED PLASTIC BAG CONTAINING WHITE ROCKY SUBSTANCE SUSPECT CRACK COCAINE(INV# [REDACTED]). AT WHICH POINT, ABOVE SUBJECT PUSHED PO VASSELLI#4902 IN THE CHEST AND FLED ON FOOT IN AN ATTEMPT TO DEFEAT THE ARREST. PO DOOLIN#14047 USED OPEN HAND STRIKES AND PERFORMED AN EMERGENCY TAKEDOWN TO PLACE ABOVE SUBJECT INTO CUSTODY. HOWEVER, ABOVE CONTINUED TO FAIL ARMS, TUCKING ARMS UNDERNEATH HIS CHEST, KICK LEGS AND REFUSING ALL VERBAL COMMANDS OF PO DOOLIN#14047, PO PRUSZEWSKI#11030 & PO VASSELLI#4902. ASSISTING UNIT BT4253A PO BURNS#4534 DEPLOYED DEPARTMENT ISSUED TASER AND A/O'S WERE ABLE TO PLACE ABOVE SUBJECT INTO CUSTODY. CFD AMB#50 ON SCENE AND TRANSPORTED ABOVE SUBJECT TO [REDACTED]. TRR COMPLETED- BICYCLE INV# [REDACTED], TASER-INV# [REDACTED] PRISONER PROPERTY-INV# [REDACTED] IDOC CONTACTED PER ASHLEY AND IDOC WILL NOT BE ISSUING A WARRANT AT THIS TIME.

COURT INFO

Desired Court Date: 18 September 2014

Branch: 38-2 727 E 111TH ST - Room

Court Sgt Handle? No

Initial Court Date: 28 August 2014

Branch: CBC-1 2600 S CALIFORNIA - Room100

Docket #:

BOND INFO

BOND INFORMATION NOT AVAILABLE

REPORTING PERSONNEL

**ATTESTING OFFICER:**

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #14047 DOOLIN, W M ([REDACTED]) 28 AUG 2014 00:22

**ARRESTING OFFICER(S):**

1st Arresting Officer:	#4902	VASSELLI, N P ([REDACTED])	Beat
2nd Arresting Officer:	#11030	PRUSZEWSKI, D W ([REDACTED])	0461A

**APPROVING SUPERVISOR:**

Approval of Probable Cause : #1755 DINEEN, M E ([REDACTED]) 28 AUG 2014 00:25

## ARREST PROCESSING REPORT

LOCKUP KEEPER PROCESSING

INTERVIEW LOG

VISITOR LOG

Holding Facility: District 004 Lockup  
 Received in Lockup: 28 August 2014 00:32  
 Prints Taken: 28 August 2014 00:31  
 Palmprints Taken: Yes  
 Photograph Taken: 28 August 2014 00:47  
 Released from Lockup:

Time Last Fed:  
 Time Called:  
 Cell #: F-3  
 Transport Details : 2PO 0472 27-AUG-2014 22:07  
 Phone#: [REDACTED]

## VISUAL CHECK OF ARRESTEE

Is there obvious pain or injury? No  
 Is there obvious signs of infection? No  
 Under the influence of alcohol/drugs? No  
 Signs of alcohol/drug withdrawal? No  
 Appears to be despondent? No  
 Appears to be irrational? No  
 Carrying medication? No

## ARRESTEE QUESTIONNARIE

Presently taking medication? No  
 (if female) are you pregnant? No  
 First time ever been arrested? No  
 Attempted suicide/serious harm? No  
 Serious medical or mental problems? No  
 Are you receiving treatment? No  
 Transgender/intersex/gender non-conforming? No

## RETURN TO HOLDING FACILITY COMMENTS:

Previous Released Date: 28-AUG-2014 02:04  
 ERROR BY DSS DINEEN NEVER RELEASED

## QUESTIONNAIRE REMARKS:

## LOCKUP KEEPER COMMENTS:

28 AUG 2014 00:43 GIANFRANCISCO, Alfonso D Cell Edit

## EMERGENCY CONTACT

Beat:

NO INTERVIEWS LOGGED

NO VISITORS LOGGED

## ARREST PROCESSING REPORT

MOVEMENT LOG	Action	By	Destination	Reason
	RELEASED BY	#1755	Dineen, Michael E ( [REDACTED] )	28 AUG 2014 00:25
RECEIVED BY	#16239	Rondeau, Aaron	28 AUG 2014 00:25	[REDACTED]
RECEIVED BY	#1755	Dineen, Michael E ( [REDACTED] )	28 AUG 2014 00:30	District 004 Lockup

  

WC COMMENTS	Watch Commander Comments:	REL w/o CHARGING

  

ARRESTEE PROCESSING PERSONNEL:			
Searched By:	BRADY, J C ( [REDACTED] )	Beat	
Lockup Keeper:	GIANFRANCISCO, A D ( [REDACTED] )		
Assisting Arresting Officer:	#14047 DOOLIN, W [REDACTED]	0461A	
Assisting Arresting Officer:	#4534 BURNS, A C [REDACTED]	4253A	
Fingerprinted By:	GRAHAM, D [REDACTED]		

  

APPROVAL PERSONNEL:			
Final Approval of Charges :	#1755 DINEEN, M E [REDACTED]	Beat	
	28 AUG 2014 02:04		

**OFFICER'S BATTERY REPORT**  
**CHICAGO POLICE DEPARTMENT**

RD NO. [REDACTED]

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>VASSELLI, NICHOLAS P</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR <b>ADDRESS OF OCCURRENCE</b> <span style="background-color: black; color: black;">[REDACTED]</span>	
STAR NO. <b>4902</b>	POSITION <b>POLICE OFFICER</b>	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (if outside Chicago)
DATE OF APPOINTMENT <b>27-AUG-2007</b>	EMPLOYEE NO. <span style="background-color: black; color: black;">[REDACTED]</span>	LOCATION CODE <b>303-SIDEWALK</b>	BEAT OF OCCURRENCE <b>0423</b>
UNIT OF ASSIGNMENT <b>004</b>	BEAT/CALL NO. <b>0461A</b>	DATE OF OCCURRENCE <b>27-AUG-2014</b>	TIME <b>21:48:00</b>
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>WHITE</b>	DAY OF WEEK <b>WEDNESDAY</b>	NO. OF OFFICERS BATTERED <u>1</u>
HEIGHT <b>510</b>	WEIGHT <b>155</b>	WERE THERE ASSISTING UNITS ON SCENE?   1. <input checked="" type="checkbox"/> YES   2. <input type="checkbox"/> NO	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>10</u>	
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____		<b>WORKING:</b> <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? <u>2</u> <b>PATROL TYPE:</b> <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER	
<input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		<b>MANNER OF ATTACK</b> <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY		<b>TYPE OF WEAPON/THREAT</b> (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____	
<input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input checked="" type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input checked="" type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE 720 ILCS 570.0/402-C-PCS - <u>POSSESSION - POSS AMT CON SUB EXCEPT</u>		<b>FIREARM USE INFORMATION</b> (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____      ORIGINAL IUCR CODE _____		<b>OFFENDER INFORMATION</b> SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F      RACE <b>BLACK</b> DOB <span style="background-color: black; color: black;">[REDACTED]</span> CB NO. <span style="background-color: black; color: black;">[REDACTED]</span> IR NO. <span style="background-color: black; color: black;">[REDACTED]</span>	
<input type="checkbox"/> K. OTHER		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input checked="" type="checkbox"/> 1. YES      GANG RELATED? <input type="checkbox"/> 2. NO <input type="checkbox"/> 1. YES <input type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
TYPE OF INJURY TO OFFICER		NO. OF OFFENDERS PRESENT? <u>1</u>	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input checked="" type="checkbox"/> 1. YES      GANG RELATED? <input type="checkbox"/> 2. NO <input type="checkbox"/> 1. YES <input type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
LIGHTING CONDITIONS AT INCIDENT		WEATHER CONDITIONS	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input checked="" type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> <input type="checkbox"/> 2. GOOD		<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND	
APPROXIMATE OUTDOOR TEMPERATURE: <b>70 °F</b>			

(A)(D)

REPORTING MEMBER - SIGNATURE  
**VASSELLI, NICHOLAS P**

STAR NO.  
**4902**

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
**DOHERTY JR, JOHN A**

**172**

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>27-AUG-2014</b>		TIME <b>21:48:00</b>	2. ADDRESS OF OCCURRENCE [REDACTED]				3. LOCATION CODE <b>303</b>	4. BEAT/OCCUR <b>0423</b>			
MEMBER INVOLVED  SUBJECT INFORMATION  DNA	5. POSITION <b>9161</b>	6. LAST NAME <b>VASSELLI</b>	7. FIRST NAME <b>NICHOLAS P</b>	8. STAR NO. <b>4902</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>WHI</b>	11. AGE [REDACTED]	12. HT. <b>510</b>	13. WT. <b>155</b>		
	14. DATE OF APPT. <b>27-AUG-2007</b>	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT <b>004   0461A</b>	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. [REDACTED]	26. HT. <b>507</b>	27. WT. <b>200</b>		
	28. SUBJECT ARMED? HANDS/FISTS 1 Yes <input checked="" type="checkbox"/> 02 No					31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	33. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****					34. DNA	35. CB NO. [REDACTED]	36. IR NO.	37. DNA		
	REASON FOR USE OF FORCE (Check all that apply)  DNA	38. SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		39. MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input checked="" type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		40. ADDITIONAL INFORMATION 41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input checked="" type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS <b>CLEAR</b>
		45. MAKE/MANUFACTURER [REDACTED]		46. MODEL [REDACTED]		47. BARREL LENGTH [REDACTED]		48. CALIBER/GAUGE [REDACTED]			
		49. TASER DART ID NO. [REDACTED]		50. WEAPON SERIAL NO. (Include Letters) [REDACTED]		51. CHICAGO GUN REG. NO. [REDACTED]		52. IL FIREARM OWNER ID. NO. [REDACTED]		53. HANDGUN CERTIFICATE NO. [REDACTED]	
		54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. [REDACTED]		58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]	
		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		70. EVENT NO.  71. R. NO.  [REDACTED]	
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO							
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.							
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)							
72. CASE INFO NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.											
73. REPORTING MEMBER (Print Name) <b>VASSELLI, NICHOLAS P</b> <b>28-AUG-2014 00:04:05</b>											
74. REVIEWING SUPERVISOR (Print Name) <b>O'MALLEY, MICHAEL G</b> STAR NO. <b>1954</b> SIGNATURE [REDACTED]											
DATE REVIEWED <b>28-AUG-2014 00:27:57</b> TIME [REDACTED]											

SUBJECT  
INFORMATION

36. CHARGES PLACED

725 ILCS 5.0/110-3, 9-52-020, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3-A-2, 720 ILCS 570.0/402-C

DNA

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

At [REDACTED] Hospital for examination.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at this time the R/Lt finds the member was in compliance with Department policy and directives.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS  
WERE IN COMPLIANCE WITH DEPARTMENT  
PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/CRNO. [REDACTED] OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

DOHERTY JR, JOHN A

SIGNATURE

DATE COMPLETED TIME

28-AUG-2014 00:46:23

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

CASE REPORT       SUPPLEMENTARY REPORT  
 OFFICER BATTERY REPORT       I.O.D. REPORT  
 ARREST REPORT       CR INITIATION REPORT  
 TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR's THIS EVENT No.

4

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>27-AUG-2014</b>		TIME <b>21:48:00</b>	2. ADDRESS OF OCCURRENCE [REDACTED]				3. LOCATION CODE <b>303</b>	4. BEAT/OCCUR <b>0423</b>			
MEMBER INVOLVED  SUBJECT INFORMATION  DNA	5. POSITION <b>9161</b>	6. LAST NAME <b>PRUSZEWSKI</b>	7. FIRST NAME <b>DANIEL W</b>	8. STAR NO. <b>11030</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>WHI</b>	11. AGE [REDACTED]	12. HT. <b>602</b>	13. WT. <b>225</b>		
	14. DATE OF APPT. <b>29-NOV-2004</b>	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT <b>004 0461A</b>	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. [REDACTED]	26. HT. <b>507</b>	27. WT. <b>200</b>		
	28. INJURED? [REDACTED] No					29. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	30. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	31. RATED? [REDACTED]					32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	33. CONDITION <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized					34. APPARENTLY NORMAL? <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence					
	35. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****					36. CB NO. [REDACTED]	37. IR NO. [REDACTED]	38. DNA			
	REASON FOR USE OF FORCE (Check all that apply)  DNA	39. SUBJECT'S ACTION DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		40. ACTIVE RESISTER FLED <input checked="" type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		41. ASSAULTANT:ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		42. ASSAULTANT:BATTERY ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER _____		43. ASSAULTANT:DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____	
		44. MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		45. MEMBER'S RESPONSE OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		46. MEMBER'S RESPONSE ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		47. MEMBER'S RESPONSE FIREARM <input type="checkbox"/> OTHER _____			
		48. ADDITIONAL INFORMATION * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]					49. ADDITIONAL INFORMATION POSITION <input type="checkbox"/> STAR NO. <input type="checkbox"/> UNIT <input type="checkbox"/>				
50. ADDITIONAL INFORMATION 41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER					51. ADDITIONAL INFORMATION 42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors						
52. ADDITIONAL INFORMATION 43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial					53. ADDITIONAL INFORMATION 44. WEATHER CONDITIONS <b>CLEAR</b>						
54. ADDITIONAL INFORMATION 50. WEAPON SERIAL NO. (Include Letters) 51. CHICAGO GUN REG. NO. 52. IL FIREARM OWNER ID. NO. 53. HANDGUN CERTIFICATE NO.					55. PROPERTY INVENTORY NO. 56. TYPE OF AMMUNITION USED 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 58. TOTAL NO. OF SHOTS MEMBER FIRED						
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER					60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO						
61. NO OF CARTRIDGES/SHOT SHELLS RELOADED					62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)						
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW					64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD 65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO						
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)					67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.						
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN					69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)						
70. EVENT NO. [REDACTED]					71. R. NO. [REDACTED]						
72. CASE INFO NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.					73. REPORTING MEMBER (Print Name) <b>PRUSZEWSKI, DANIEL W</b> <b>28-AUG-2014 00:10:57</b>						
74. REVIEWING SUPERVISOR (Print Name) <b>O'MALLEY, MICHAEL G</b>					STAR NO. <b>1954</b>	SIGNATURE [REDACTED]	DATE REVIEWED <b>28-AUG-2014 00:26:40</b>	TIME <b>00:26:40</b>			

SUBJECT  
INFORMATION

36. CHARGES PLACED

725 ILCS 5.0/110-3, 9-52-020, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3-A-2, 720 ILCS 570.0/402-C

DNA

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE	<input type="checkbox"/> DNA	<input type="checkbox"/> REFUSED	<input checked="" type="checkbox"/> UNABLE TO INTERVIEW (Specify Reason)
At [REDACTED] for examination.			

### 76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at this time the R/Lt finds the member was in compliance with Department policy and directives.

### 77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

<input checked="" type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.	<input type="checkbox"/> I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.
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LOG NO/CRNO. [REDACTED] OBTAINED

78. WATCH COMMANDER/OCIC (Print Name) <b>DOHERTY JR, JOHN A</b>	SIGNATURE [REDACTED]	DATE COMPLETED <b>28-AUG-2014 00:47:04</b>	TIME
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### 79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:	<input type="checkbox"/> SUPPLEMENTARY REPORT	<input type="checkbox"/> I.O.D. REPORT	80. TOTAL TRR's THIS EVENT No.
<input type="checkbox"/> CASE REPORT	<input type="checkbox"/> OFFICER BATTERY REPORT	<input type="checkbox"/> CR INITIATION REPORT	<b>4</b>
<input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)		

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>27-AUG-2014</b>	TIME <b>21:48:00</b>	2. ADDRESS OF OCCURRENCE [REDACTED]	3. LOCATION CODE <b>303</b>	4. BEAT/OCCUR <b>0423</b>				
	5. POSITION <b>9161</b>	6. LAST NAME <b>DOOLIN</b>	7. FIRST NAME <b>WILLIAM M</b>	8. STAR NO. <b>14047</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>WHI</b>	11. AGE [REDACTED]	12. HT. <b>510</b>	13. WT. <b>195</b>
SUBJECT INFORMATION	14. DATE OF APPT. <b>14-AUG-2000</b>	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT <b>004   0461A</b>	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
	20. LAST NAME [REDACTED]	21. FIRST NAME [REDACTED]	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. [REDACTED]	26. HT. <b>507</b>	27. WT. <b>200</b>	
	[REDACTED]				31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	[REDACTED]				33. POSITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized	34. 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized			
	[REDACTED]				35. 05 Refused Medical Aid				
	[REDACTED]				36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****	37. CB NO. [REDACTED]	IR NO. [REDACTED]	DNA	
	REASON FOR USE OF FORCE (Check all that apply)	38. SUBJECT'S ACTIONS		39. MEMBER'S RESPONSE		40. ADDITIONAL INFORMATION			
		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY	
		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input checked="" type="checkbox"/>	IMMINENT THREAT OF BATTERY <input type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>			
		STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>	PULLED AWAY <input checked="" type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>	WEAPON <input type="checkbox"/>			
OTHER _____		OTHER _____	OTHER _____	OTHER _____	OTHER _____				
DIRECTED TOWARD MEMBER OR MEMBER'S ASSISTANT <input type="checkbox"/>		OPEN HAND STRIKE <input checked="" type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input type="checkbox"/>				
VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER _____				
ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>					
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>	OTHER _____						
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>							
PRESSURE SENSITIVE AREAS <input type="checkbox"/>	TASER (Contact Stun) <input type="checkbox"/>								
CONTROL INSTRUMENT <input type="checkbox"/>	TASER (Laser Targeted) <input type="checkbox"/>								
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>								
OTHER _____	OTHER _____								
[REDACTED]				41. WEAPON TYPE <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS <b>CLEAR</b>		
[REDACTED]				45. MAKE/MANUFACTURER [REDACTED]	46. MODEL [REDACTED]	47. BARREL LENGTH [REDACTED]	48. CALIBER/GAUGE [REDACTED]		
[REDACTED]		49. TASER DART ID NO. [REDACTED]	50. WEAPON SERIAL NO. (Include Letters) [REDACTED]	51. CHICAGO GUN REG. NO. [REDACTED]	52. IL FIREARM OWNER ID. NO. [REDACTED]	53. HANDGUN CERTIFICATE NO. [REDACTED]			
[REDACTED]		54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]	55. PROPERTY INVENTORY NO. [REDACTED]	56. TYPE OF AMMUNITION USED [REDACTED]	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. [REDACTED]	58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]			
[REDACTED]		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO OF CATDRIDGES/ SHOT SHELLS RELOADED [REDACTED]	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST)	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	
[REDACTED]		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.						
[REDACTED]		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]						
[REDACTED]		70. EVENT NO. [REDACTED]							
[REDACTED]		71. RD NO. [REDACTED]							
[REDACTED]		72. CASE INFO. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.							
[REDACTED]		73. REPORTING MEMBER (Print Name) <b>DOOLIN, WILLIAM M</b> <b>28-AUG-2014 00:32:33</b>	STAR/EMPLOYEE NO. <b>14047</b>	SIGNATURE [REDACTED]					
[REDACTED]		74. REVIEWING SUPERVISOR (Print Name) <b>O MALLEY, MICHAEL G</b>	STAR NO. <b>1954</b>	SIGNATURE [REDACTED]	DATE REVIEWED <b>28-AUG-2014 00:42:51</b>	TIME <b>00:42:51</b>			
[REDACTED]		Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.							

SUBJECT  
INFORMATION

36. CHARGES PLACED

725 ILCS 5.0/110-3, 9-52-020, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3-A-2, 720 ILCS 570.0/402-C

DNA

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

At [REDACTED] for examination.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at this time the R/Lt finds the member was in compliance with Department policy and directives.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS  
WERE IN COMPLIANCE WITH DEPARTMENT  
PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/CRNO. [REDACTED] OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

DOHERTY JR, JOHN A

SIGNATURE

DATE COMPLETED TIME

28-AUG-2014 00:46:45

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

CASE REPORT  
 ARREST REPORT

SUPPLEMENTARY REPORT  
 OFFICER BATTERY REPORT  
 TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

I.O.D. REPORT  
 CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

4

# TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED  SUBJECT INFORMATION	1. DATE OF INCIDENT <b>27-AUG-2014</b>		TIME <b>21:50:00</b>	2. ADDRESS OF OCCURRENCE [REDACTED]				3. LOCATION CODE <b>303</b>	4. BEAT/OCCUR <b>0423</b>																																																																									
	5. POSITION <b>9161</b>	6. LAST NAME <b>BURNS</b>	7. FIRST NAME <b>AARON C</b>	8. STAR NO. <b>4534</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>BLK</b>	11. AGE [REDACTED]	12. HT. <b>601</b>	13. WT. <b>205</b>																																																																									
	14. DATE OF APPT. <b>03-JUN-2013</b>	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT <b>044   4253A</b>	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																												
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					33. CONDITION 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	34. APPARENT CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence																																																																												
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54. SPECIAL WEAPON CERTIFICATE NO. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 25%;">55. PROPERTY INVENTORY NO.</td> <td rowspan="2" style="width: 25%;">56. TYPE OF AMMUNITION USED</td> <td rowspan="2" style="width: 25%;">57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.</td> <td rowspan="2" style="width: 25%;">58. TOTAL NO. OF SHOTS MEMBER FIRED</td> </tr> <tr> <td>1</td> </tr> </table>										55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.	58. TOTAL NO. OF SHOTS MEMBER FIRED	1																																																																				
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59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 33%;">60. WAS FIREARM RELOADED DURING INCIDENT</td> <td rowspan="2" style="width: 33%;">61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED</td> <td rowspan="2" style="width: 33%;">62. HOW WAS MEMBER'S HANDGUN WORN</td> </tr> <tr> <td><input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO</td> <td><input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)</td> <td><input type="checkbox"/> 03 OTHER (Specify)</td> </tr> </table>										60. WAS FIREARM RELOADED DURING INCIDENT	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN	<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	<input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	<input type="checkbox"/> 03 OTHER (Specify)																																																																			
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69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 50%;">70. EVENT NO.</td> <td rowspan="2" style="width: 50%;">71. R.D. NO.</td> </tr> <tr> <td><input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)</td> </tr> </table>										70. EVENT NO.	71. R.D. NO.	<input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																																																																						
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SUBJECT  
INFORMATION

36. CHARGES PLACED

725 ILCS 5.0/110-3, 9-52-020, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3-A-2, 720 ILCS 570.0/402-C

DNA

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE	<input type="checkbox"/> DNA	<input type="checkbox"/> REFUSED	<input checked="" type="checkbox"/> UNABLE TO INTERVIEW (Specify Reason)
At [REDACTED] for examination.			

### 76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at this time the R/Lt finds the member was in compliance with Department policy and directives. Administrative log number was obtained for Taser deployment tracking.

### 77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

<input checked="" type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.	<input type="checkbox"/> I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.
--	---

LOG NO/CRNO. 1071230 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name) <b>DOHERTY JR, JOHN A</b>	SIGNATURE [REDACTED]	DATE COMPLETED <b>27-AUG-2014 23:52:18</b>	TIME
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### 79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:	<input type="checkbox"/> SUPPLEMENTARY REPORT	<input type="checkbox"/> I.O.D. REPORT	80. TOTAL TRR's THIS EVENT No.
<input type="checkbox"/> CASE REPORT	<input type="checkbox"/> OFFICER BATTERY REPORT	<input type="checkbox"/> CR INITIATION REPORT	<b>4</b>
<input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)		

# EVIDENCE SYNC™ OFFLINE

## DEVICE REPORT

### ECD Information

**Model #:** TASER\_ECD\_X2

**Serial #:** ZZX300690

**Firmware Version:** FWBundle Rev. 03.041

**Device Health:** Good

### Offline Report

**Date:**

27 Aug 2014 22:55:19

**Local Timezone:**

Central Standard Time (UTC -5:00)

### Event Log

GMT Time	Local Time	Event	Cartridge Info	Duration	Temp	Batt%
08/27/2014 21:06:43	08/27/2014 16:06:43	Armed	C1: 25' Standard C2: 25' Standard		26°C 26°C	58% 58%
08/27/2014 21:06:46	08/27/2014 16:06:46	Safe	C1: 25' Standard C2: 25' Standard	3s 3s	26°C 26°C	58% 58%
08/28/2014 02:49:52	08/27/2014 21:49:52	Armed	C1: 25' Standard C2: 25' Standard		30°C 30°C	58% 58%
08/28/2014 02:49:59	08/27/2014 21:49:59	Trigger	C1: Deployed	5s		58% 58%
08/28/2014 02:51:08	08/27/2014 21:51:08	Safe	C1: Deployed C2: 25' Standard	1m 16s 1m 16s	35°C 35°C	58% 58%
08/28/2014 03:51:03	08/27/2014 22:51:03	USB Connected	C1: Invalid Cart. Type C2: Invalid Cart. Type		27°C 27°C	0% 0%
08/28/2014 03:51:50	08/27/2014 22:51:50	Time Sync	08/27/2014 22:51:50 to 08/27/2014 22:52:35			

004<sup>th</sup> District

27 August 2014

TO: Deputy Berscott Ruiz  
4<sup>th</sup> District

FROM: P.O. Daniel W. Pruszewski #11030  
004<sup>th</sup> District

SUBJECT: Witness to P.O. Vasselli's IOD

R/O while working along with P.O. Vasselli observed P.O. Vasselli be pushed twice by the arrestee. R/O further observed P.O. Vasselli utilize knee strikes in an effort to effect the arrest. R/O was on scene when P.O. Vasselli complained of pain to his right knee.

P. O. Pruszewski #11030  
P.O. Daniel W. Pruszewski #11030

Approved:

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**CITY OF CHICAGO  
INJURY ON DUTY REPORT**

Claim #: [REDACTED]

Insured: City Of Chicago Police  
Incident Date: 08/27/2014

Date Entered: 08/27/2014

Claimant Information			
Employee #:	[REDACTED]	Payroll #:	[REDACTED]
First Name:	[REDACTED]	Last Name:	[REDACTED]
Date of Birth:	[REDACTED]	Marital Status:	[REDACTED]
Home Address 1:	[REDACTED]	Home Phone #:	[REDACTED]
Home Address 2:	[REDACTED]	Work Phone #:	[REDACTED]
Home City:	[REDACTED]	Cell Phone #:	[REDACTED]
Home State:	[REDACTED]		
Home Zip:	[REDACTED]		
Job Title and Code:	POLICE OFFICER 1709		
Type of Employee:	Full-Time - Regular		
Service Time with City/Year:	6		
Cost Center: [REDACTED] : Dept. of Police - Patrol Services			

**Additional Employee Information**

Grant Funded Project Type:

Project Name/Number:

Star #: 3

Rank: 9161

Beat/Post #: a

Day Off Group: 1

Start Time: 18:00

Stop Time: 03:00

Assigned to District: 04

Or Unit:

Detailed to Unit:

Or District:

**Incident Information**

Incident Time: 09:48

Body Part: Right Knee

Cause of Striking Against or Stepping On, NOC

Nature of Injury: Contusion

Incident

Reported Incident The Injured Member was effecting an arrest when the offender pushed the Member and attempted to flee. The offender then pushed the Officer a second time after which the Officer used a knee strike and felt immediate pain to the right knee. The offender was then placed in custody.

Address Line1: [REDACTED]

Address Line2:

City: Chicago

State: IL

Zip Code: 60617

Off Duty Activity:

Police Dept R.D. #: [REDACTED]

Ambulance #:

Fire Department No

3rd Party Involvement:

**Further Investigation**

Further Investigation

Initial Treatment:

**Supervisor Information**

First Name: Michael  
 Title: Sergeant  
 Email:  
 Date Notified:

Last Name: O'Malley  
 Work Phone #: (312)747-8207  
 Cell Phone #:  
 Time Notified:

**First Person Notification**

First Name:  
 Title:

Last Name:  
 Phone #:

**Vehicle Information****Employee was driving vehicle:**

Driver's License #:  
 Vehicle #:

Plate Number:

**Another city employee was driving vehicle:**

Driver's Name:  
 Vehicle #:

Driver's License #:  
 Plate Number:

**Second vehicle involved:**

Owner's Name:  
 Type of Vehicle:

Phone Number:  
 Plate Number:

**Witness****Was There a Witness?:**

Name	Address 1	Address 2	City	State	Zip Code	Phone	Employee
Pruszewski, Daniel	2255 E. 103rd Street		Chicago	IL	60617		Yes

**Lost Time**

First Full Day Off Work:  
 Restricted Duty Description:

Last Day Paid:

**Initial Treatment Information**

Name	Address 1	Address 2	City	State	Zip Code	Phone

**Additional Comments**

Comments:

**Report Preparation**

First Name: MICHAEL  
 Title: Sergeant  
 Email: [REDACTED]@chicagopolice.org

Last Name: O MALLEY  
 Work Phone #: (312)747-8207  
 Reporting Method:

A. THE UNDERSIGNED HEREBY CERTIFIES THAT THE ABOVE RECORDED FACTS PERTINENT TO THE INJURY SUSTAINED BY THE ABOVE NAMED INJURED ARE TRUE AND CORRECT.

P.O. [Signature] 11030 27AUG2014

Signature of Witness, Date (DD / Mon / YYYY)

B. I HEREBY CERTIFY THAT I HAVE INVESTIGATED THE DESCRIBED ABOVE AND ATTEST TO THE TRUTH AND ACCURACY OF THE REPORTED INCIDENTS AND REPORTS.

Sgt. M. D. McMillen 1951 27 Aug 2014

Signature of Person Preparing Report, Star No., Date (DD / Mon / YYYY)

C. I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT AND THAT THESE INJURIES WERE SUSTAINED IN THE PERFORMANCE OF DUTY. I HEREBY AGREE THAT IN CONSIDERATION OF THE PAYMENT BY THE CITY OF CHICAGO OF ANY MEDICAL AND/OR HOSPITAL EXPENSES INCURRED AS RESULT OF THE ABOVE INJURIES, I WILL:

1. NOTIFY THE PERSONNEL DIVISION AS TO THE NAME AND ADDRESS OF ANY ATTORNEYS I MAY RETAIN FOR THE PURPOSE OF PROSECUTING A CLAIM ON MY BEHALF BECAUSE OF SAID INJURIES;

2. REIMBURSE THE CITY OF CHICAGO IN FULL FOR ANY SUMS WHICH IT HAS OR MAY EXPEND ON MY BEHALF FOR SAID MEDICAL AND/OR HOSPITAL EXPENSES FROM ANY RECOVERY WHICH I HAVE OR MAY EFFECT FROM THE PERSON OR PARTY WHOM IT IS CLAIMED IS RESPONSIBLE FOR MY INJURIES.

N. Vassallo 49023 27AUG2014

Signature of Injured Member, Date (DD / Mon / YYYY)

D.  INJURED MEMBER IS UNABLE TO SIGN

E. I HAVE RECEIVED THE INJURY ON DUTY REPORT AND RELATED DOCUMENTS AND ATTEST, BASED ON AVAILABLE INFORMATION, THAT IT IS COMPLETE AND SHOULD BE FORWARDED FOR FURTHER INVESTIGATION TO THE COMMITTEE ON FINANCE.

Signature of Unit Commander of Exempt Rank [For the Superintendent] Rank, Unit, Date (DD / MM / YYYY)

F. I HEREBY CERTIFY THAT THE CHARGES MADE FOR SERVICES AS SHOWN ABOVE AND ON THE ATTACHED BILLS ARE REASONABLE

Signature of Medical Administrator, Date (DD / Mon / YYYY)

Approved -- Director of Personnel, Date (DD / Mon / YYYY)

Upon completion of the required signatures, please forward a scanned copy via email to [iod@chicagopolice.org](mailto:iod@chicagopolice.org)